

REGIONAL MANAGEMENT GROUP MEETING

Date: September 26, 2014

Time: 9:00 a.m.

Attendees: Joe Wilson, Alan Wooten, Tisha Deeghan, Daryl Washington, Leslie Weisman, Mark Diorio, Suzanne Chis, Cindy Koshatka, Lyanne Trumbull, Jim Newton, Tom Young, Kathy Drumwright, Anne Butz

Guests: Debra Ferguson, Judith Korf, Margaret Graham, Christy Cacciapaglia, Lyn Tomlinson, David Mangano, Wendy Ford, Barbara Martinez, Christina Manning, Louise Armitage, Pat Carroll Sue Rowland, Katie Arco, Bernie Caton, John Sandy, Nancy Vincent, Katie Boyle

Absent: Daryl Washington

Recorder: Julie Parkhurst

Call to Order: Joe Wilson called the meeting to order at 9:00 a.m. Welcome and introductions were made.

Announcements: None.

Notes: Notes from July 25, 2014 meeting were approved and signed.

Handouts: Agenda, RMG Meeting Notes (July 25, 2014), Regional Utilization Management Report, FY14 HPR II Regional Funds Budget Status, Exceptions Report, LIPOS Budget Projections, Hospital Admissions FY14, HPRII FY 14-15 Budget Priorities, HPRII Project Link Proposal.

TOPIC	DISCUSSION	REC/ACTIONS	RESPON-SIBLE PARTY	F/U DATE
Budget Priorities	<p>Regional priorities were discussed with legislative liaisons. A handout was distributed, and an overview of each was given to the group. Liaisons are interested in the number of people served, the reason for prioritizing these items, and what problem needs to be solved.</p> <p><u>Developmental Services:</u></p> <ul style="list-style-type: none"> • Priority because increased funding and services for persons with ID and DD are needed to meet DOJ requirements. • Issues include: 1. Waiver doesn't cover costs and new waiver will not be available until 2016, 2. ID and DD waiver wait lists are large and keep growing, 3. Community resources are not available yet. 4 bed facilities which are preferred by DOJ are not economically feasible in HPRII so 6 bed facilities are being created, 4. Some clients are not eligible for Medicaid but need funds for community-based options. 	<p>Clarify origins of \$1.5 million cost</p> <p>Include # on waivers for No. VA.</p> <p>Research DBHDS position on ICF funding</p>	RMG	

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Budget Priorities (cont.)	<ul style="list-style-type: none"> • Exceptional rates for HPR II and bridge funding are available now but many vendors are hesitant because future funding is uncertain • Closure of NVTC has been delayed until 2016. <u>Recovery Priority (SAARA):</u> <ul style="list-style-type: none"> • \$300k per year is being requested. The program has partial funding. • Individuals have shown improvements over 12 quality of life areas. The program focuses on people with high readmission rates to detox. Goal is to increase engagement with CSBs. • 3,265 persons served <u>Youth Priority (SOC):</u> <ul style="list-style-type: none"> • A related initiative is being piloted in Fairfax, Loudoun and Alexandria CSBs and targets 16-25 year olds with First Episode Psychosis under a DHBDS grant for the specialty care model. This would cover the gap that includes young adults. • A new ROI was published at GWU. • \$300k is requested for SOC planning, and \$500k for direct services to cover HPR II in its entirety. • Some youth fall under CSA but others are not eligible. This funding would serve both populations. <u>Housing Priority (SMI):</u> <ul style="list-style-type: none"> • \$3.2 million requested to pilot a housing program with intensive supports for clients who are SMI, many with dual diagnosis, to avoid hospitalization and incarceration. • 8,000 are currently on the wait list for Section 8 housing. Housing gaps impact hospitalization utilization • The model would be similar to DAP with revolving funds. • Changes in MHSS reimbursements will impact amount of funds that CSBs have available for housing 	<p>Send GWU study to J. Sandy.</p> <p>Clarify # on EBL who have housing-related barriers</p>	<p>J. Wilson</p> <p>RMG</p>	<p>ASAP</p> <p>ASAP</p>
Law Changes	<p>MOT laws need revision:</p> <ul style="list-style-type: none"> • Language in complicated, • 2. More CSB services are needed for persons referred for MOT <p>Number of MOT referrals to CSBs is increasing.</p>	<p>Discuss with Senator Favola Keep Legislative Liaisons updated</p>	<p>RMG</p>	<p>As needed</p>
Commissioner's Visit	<p>An overview of HPRII was given to the group, including cost of living, affordable housing needs, income disparities, diversity, transient population, and size (28% of Virginia's population).</p>			

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Updates from Commissioner	<p>NVTC</p> <ul style="list-style-type: none"> • People are being transitioned from training centers to the community. The goal of DBHDS is to fund rich and robust community services. • SB 627 is exploring the possibility of keeping more training centers open, and a plan will be submitted to D. Ferguson and Secretary Hazel before going to the Governor within the next few weeks. <p>Emergency Services</p> <ul style="list-style-type: none"> • Every instance of a client meeting with ES is a potential emergency, and client needs to be safe. Outcomes are better when a clinician consults with another clinician in unusual situations. • 29,000 emergency presentations occurred in Virginia during July 2014. • More early prevention and intervention, children, adolescent, services are needed in order to decrease pressure on ES. Of those experiencing a mental health crisis, 50% will have had their first episode by age 14 and 75% will have had one by age 24. • The bed registry is a tool, not the ultimate answer to bed finding. DBHDS is facility of last resort since law change on 7/1/14. <p>Task Force Committees</p> <ul style="list-style-type: none"> • SJ47 will look at the MH system over the next four years. The Commissioner will be following in order to guide and inform efforts. • Governor's Task Force results will be coming out soon. Consistent funding is needed from the General Assembly to create positive outcomes. • The Governor is closing the coverage gap (Medicaid) and will create behavioral health homes and coverage for 20,000 Virginians with SMI. Access to psychiatry, medication, and peers are imperative. <p>Recovery Initiatives</p> <ul style="list-style-type: none"> • Recovery is an expectation, and peer services lead to recovery. An RFP with a broad definition of peer services will be going out fairly soon. • DMAS doesn't reimburse for peer services. Peers working with ES is a high priority but funding for these services may be delayed <p>DBHDS Initiatives</p> <ul style="list-style-type: none"> • Four transformation teams have been created: Adult Behavioral 			

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Updates from Commissioner (cont.)	<p>Health, Adult Developmental Services, Child/Adolescent Services, Justice-Involved.</p> <ul style="list-style-type: none"> CSBs, DBHDS, and VACSB all have access to National Council resources. Virginia is an "all-in" state. No update on status of Young Adult Grants is available IMD exclusion needs to be addressed so Medicaid can reimburse free-standing psychiatric hospitals. 			
Regional Projects Updates	<p>Project Link</p> <ul style="list-style-type: none"> The program serves pregnant and post-partum clients with SA issues and is being expanded. A peer run model is being explored to include outreach and community education. Regional office will provide oversight of this program after the transition is complete in March 2015. Services are not available at this time Invite DBHDS to RMG meeting <p>REACH MOA</p> <ul style="list-style-type: none"> REACH MOA was updated and signed by RMG. 			
Utilization Management	<p>Regional UM Report</p> <ul style="list-style-type: none"> Regional statistics were discussed and reviewed. <p>FY14 Hospital Admission Rates</p> <ul style="list-style-type: none"> Discussed and a handout was distributed to the group. <p>Exceptions Report</p> <ul style="list-style-type: none"> Exceptions report was handed out to the group. 			
Round Robin	<p>NVRPO:</p> <ul style="list-style-type: none"> C. Koshatka clarified October, November and December meeting dates. <p>Arlington:</p> <ul style="list-style-type: none"> An Executive Director is still being recruited. Medical Director has resigned. <p>Alexandria:</p> <ul style="list-style-type: none"> Alexandria is changing its residential services model in part due to aging properties. They are consulting with CSH, a supported housing group. CARF will take place in October. <p>DBHDS:</p> <ul style="list-style-type: none"> DBHDS is in the process of screening applications for the Director of Peers position. Transformation teams are meeting the first week of October. 			

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Round Robin (cont.)	<p>NVTC:</p> <ul style="list-style-type: none"> Census is expected to be 75 by end of December 2014. Building 7A is being reopened. Roof issues are causing moves. Adroserve in New Jersey wants to serve northern Virginia. <p>NVMHI:</p> <ul style="list-style-type: none"> 134 beds will be available for use in October. 17 of 18 positions have been hired. One part time peer specialist will be joining the staff in addition to the full time peer. <p>Peer initiatives:</p> <ul style="list-style-type: none"> SAARA numbers are up and the program is going well. Certified Peer Specialist supervisor training at the end of October <p>ID Directors:</p> <ul style="list-style-type: none"> Phil Caldwell will be serving on the Adult Development Services <p>Fairfax:</p> <ul style="list-style-type: none"> An acronym list for ED Orientation Manual would be helpful. Merrifield center will be opening early 2015 with about 250 staff. <p>Loudoun:</p> <ul style="list-style-type: none"> BOS revised ordinance had made the CSB a policy/advisory entity rather than Admin effective mid-November. 			

Adjournment: The meeting was adjourned at 12:00 p.m. The next meeting will be on October 24, 2014, at 9:00 a.m. in Fairfax County Government Center Room 232.

Gabe M. Parkhurst 10/24/14 [Signature] 10/24/14
 Recorder Date Chair Date